



EPSDT – Targeted Population

Support Coordination Training



Purpose of the Training:

To establish a uniform training module for the Support Coordination agency's Designated Trainer and supervisors to use in conjunction with the Support Coordination Training Handbook. This training module shall be used:

- For new support coordinators hired to serve the EPDST – Targeted Population. (This shall be included as part of the 16 hours of orientation training)
- As part of the 40 hours of training annually for existing support coordinators
- As reference material for support coordinators and supervisors



Documents Required For Training

- EPSDT – Targeted Population Support Coordination Training Handbook & Appendices

- EPSDT Training Module –
 - EPSDT Part 1
 - Bayou Health Plans Part 2

An electronic copy of the handbook has been given to each agency. The PowerPoint presentation will be e-mailed to each agency after completion of the training along with clarification of questions and answers. The handbook contains information in more detail than is provided in this presentation.



EPSDT

- *E*arly and
- *P*eriodic
- *S*creening
- *D*iagnosis and
- *T*reatment



EPSDT – Targeted Population Support Coordination

- This program was established as a result of a lawsuit (Chisholm v. DHH) to provide Support Coordination to those individuals who have developmental disabilities and/or multiple or chronic medical needs.



Participant Eligibility

- **Individuals on the NOW Request for Services Registry (RFSR) or all EPSDT participants if medically necessary,**
AND
- **Under the age of 21,**
AND
- **Are Medicaid Eligible.**

*Refer to Appendix P and page 5 of the EPSDT Targeted Population Support Coordination Training Handbook for additional criteria.



How to Access Support Coordination

- Individuals on the Registry are notified of the availability of Support Coordination.
- If they wish to participate, they are sent a Freedom of Choice (FOC) form to choose a Support Coordination Agency.
- Individuals may elect to receive or discontinue these services at any time. To access the services, they may call SRI at 1-800-364-7828 and request Support Coordination for EPSDT.



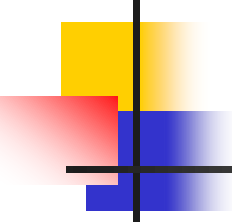
Services Available to EPSDT Support Coordination Participants

- All medically necessary Medicaid services.
- Services through the Louisiana Developmental Disabilities services system, administered by Human Services Districts and Authorities.
- Services through the school system or in Early Childhood Education programs.



Medicaid Services

- For a complete listing of Medicaid services, consult the **Medicaid Services Chart** (*Appendix B*), in the Handbook.
- The EPSDT-Targeted Support Coordination Training Handbook also provides detailed information about specific services.



Other Medicaid Services for Individuals Under Age 21

- Psychological evaluations and therapy
- Psychiatric residential care
- Medical, dental, vision and hearing screenings and care
- Audiology services
- Speech and language evaluations and therapies
- Occupational therapy
- Physical therapy
- Pediatric Day Health Care
- Applied Behavioral Analysis



Other Medicaid Services for Individuals Under Age 21

- Personal Care Services
- Home Health Services
- Extended Home Health Services
- Hearing aids and supplies needed for them
- Eyeglasses and/or contact lenses
- Nutritional supplements needed for growth or nourishment
- Any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice
- Diapers



Note:

- Through Medicaid, *individuals under age 21* are entitled to receive **all medically necessary** health care, diagnostic services and treatment and other measures coverable by Medicaid to correct or improve physical or mental conditions, even if these are not normally covered as part of the state's Medicaid program.



Important Information about Medicaid Services

- No generally fixed limits - Participants under age 21 are entitled to as many doctor visits, and as many hours and amounts of any other services, as are **medically necessary** for their individual conditions.
- More comprehensive than services offered through schools as part of a child's Individualized Educational Plan (IEP) - IEPs only cover services that help with a child's *education*. Medicaid, outside of the IEP process, should cover services needed to help any other aspect of a child's life, as well.
- Some Medicaid services must be “**prior authorized (PA)**” before service can be provided.



Important Information about Medicaid Services

- All Medicaid participants will have a Bayou Health plan for Transportation Services.
- All Medicaid participants will have a Bayou Health plan for their specialized behavior health services unless they are enrolled in CSoC in which case most of their specialized behavioral health services will be accessed through Magellan.
- Chisholm Class Members can opt into Bayou Health or stay in Legacy Medicaid for their physical health services. More information on opting in is provided on slide 142.



EPSDT Screening Exams and Checkups

- Medicaid participants under the age of 21 are eligible for checkups ("EPSDT screening") from physicians.
- These checkups include a health history; physical exam; immunizations; laboratory tests, including lead blood level assessment; vision, hearing and dental screenings.
- They are available both on a regular basis, and whenever additional medically necessary health treatment or services are needed.
- There are no limits on the number of visits that are **medically necessary** for the individual's condition.



Interperiodic Screen

- An **interperiodic screen** can be obtained whenever one is requested by the parent or recommended by a health, developmental, or educational professional (including a Support Coordinator), who comes into contact with the child outside of the formal health care system in order to determine a child's need for health treatment or additional services.

For Legacy Medicaid: Specialty Care Resource Line 1-877-455-9955



- Support Coordinators can call the Specialty Care Resource Line to find medical providers of various types and specialties for their participants and to help identify needed sources for referrals that may otherwise be difficult to find.
- The Specialty Care Resource Line is supported by an **automated resource directory** of all Medicaid-enrolled providers of medical services, including physicians, dentists, mental health clinics, and many other health care professionals. The database is updated regularly.



Home and Community Based Waivers for People with Developmental Disabilities

- New Opportunities Waiver (NOW) – comprehensive home and community based services for individuals 3 years of age or older meeting required medical and financial criteria.
- See Appendix D-1.
- Supports Waiver – for individuals age 18 or over who meet required medical and financial criteria. Services are specific activity focused rather than continuous custodial care.
- See Appendix D-3.



Home and Community Based Waivers for People with Developmental Disabilities

- Residential Options Waiver (ROW) – Offers a choice of expanded home and community based services for individuals of all ages meeting required medical and financial criteria.
- See Appendix D-4.
- Children's Choice Waiver – a limited package of home and community based services for children under the age of 19 meeting required medical and financial criteria.
- See Appendices C and D-2.



Know the Facts about Children's Choice

- Services are capped at \$16,410 per year and can be used for medical care, home and vehicle modifications, care-giving assistance and support, and other specialty services.
- Child's name is taken off the Request for Services Registry for the NOW program, but may return under certain circumstances.



How can a Children's Choice recipient get a NOW slot?

1. **When a Children's Choice participant reaches age 19 if it is the appropriate adult waiver.**
2. **If a crisis situation develops,** additional supports may be approved by the Office for Citizens with Developmental Disabilities (OCDD).
3. **If there is change in circumstance** that makes the services under the NOW more helpful to them than services under the Children's Choice Waiver, and the child's date on the RFSR has been passed, the child may obtain the next available waiver slot. This does not require that there has been a change in the recipient's medical condition, but can include loss of in-home assistance through a caretaker's decision to take on or increase employment, or to obtain education or training for employment.



Children's Choice

- For more information about the Children's Choice Waiver, refer to Appendix D-2 "Fact Sheet on Children's Choice Waiver" and Appendix C "Frequently Asked Questions" in the Handbook.



Behavioral Health Services

Chisholm class members are enrolled in a Bayou Health plan for specialized behavioral health services, including:

- Psychiatrist
- Psychosocial rehabilitation
- Assertive Community Treatment
- Functional Family Therapy
- Homebuilders
- Multi-Systemic Therapy
- Crisis Intervention
- Individual, family, and group therapy
- Substance abuse treatment
- Residential treatment (therapeutic group home)
- Psychiatric hospital
- Psychiatric Residential Treatment Facility
- Case conference

*If a Chisholm class member is enrolled in the Coordinated System of Care (CSoC) most of their specialized behavioral health services will be accessed through Magellan.



Behavioral Health Services

- **Behavioral Health Rehabilitation Services** includes Psychosocial Rehabilitation (PSR), Community Psychiatric Support and Treatment (CPST), Crisis Intervention (CI), and Therapeutic Group Home. Each Bayou Health Plan's prior authorization unit must approve CPST and PSR services.
- **School-Based Behavioral Health Services**
- **Evidenced Based Practices such as:**
 - **Assertive Community Treatment (ACT)**
 - **Family Functional Therapy**
 - **Multi-systemic therapy**



Applied Behavioral Analysis (ABA)

- ABA based therapies:
 - use behavioral observation and reinforcement to teach skills, increase useful behavior (including communication) and reduce harmful behavior.
 - are based on reliable evidence of their success in alleviating autism and are not experimental.



Applied Behavioral Analysis (ABA)

■ For Medicaid to cover ABA services through a licensed provider the person must:

- Be under the age of 21
- Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include: aggression, self-injury, elopement, etc.)
- Be medically stable and not require 24 hour medical/nursing monitoring or procedures provided in a hospital or ICF/DD.
- Be diagnosed by a qualified health care professional with a condition for which ABA-based therapy are recognized as therapeutically appropriate, including autism spectrum disorder.
- Have a comprehensive diagnostic evaluation (CDE) by a qualified health care professional and have a prescription for ABA-based therapy services ordered by a qualified health care professional (the prescription may be included as a recommendation of ABA in the CDE)

Applied Behavioral Analysis (ABA)



- If a participant wants to see if they qualify for ABA, contact the recipient's Bayou Health Plan and complete a referral for a Clinical Diagnostic Eval (CDE). The CDE will be authorized by the participant's Bayou Health Plan.
- ABA is excluded from Bayou Health meaning that ABA will be prior authorized by Molina.
- A list of Medicaid enrolled ABA providers can be found via the Locate a Provider site on DHH's website or via the Specialty Care Resource Line (see pages 56-57 of the Handbook).
- If the recipient needs a CDE to be placed on the ABA waitlist, contact the participant's Bayou Health Plan. You can place the service need for ABA on hold and add the CDE as a service need. Once the participant has a CDE completed and is found eligible for ABA, PA tracking will resume.
- If the recipient is placed on a waitlist for ABA continued PA tracking would not be required *after* you confirm the waitlist placement with the provider and complete a Referral to the Medicaid PAL to notify them of the waitlist placement.



Applied Behavioral Analysis (ABA)

- For more information on ABA contact DHH directly at 1-844-423-4762 and refer to pages 12-13 of the EPSDT SC Handbook.



Coordinated System of Care (C-SoC)

- CSoC helps Louisiana's at-risk children and youth who have serious behavioral health challenges and their families. It offers services and supports that help these children and youth return to or remain at home while they are being helped.

- The goal of the CSoC is to keep children:
 - ❑ At home
 - ❑ In school
 - ❑ Out of child welfare
 - ❑ Out of the juvenile justice system



Coordinated System of Care (C-SoC)

- Anyone can make a referral for CSoC by calling the participant's Bayou Health Plan for a brief assessment.
- If the individual screens positive on the brief CANS assessment, the Bayou Health plan will refer them to Magellan. Magellan will make a referral to have an independent full CANS assessment conducted by a certified provider who cannot be the treatment provider.
- Parents/caregivers and family members have a key role in CSoC.
- Every youth and family in the CSoC will be enrolled with a Wraparound Agency (WAA) and will work with a wraparound facilitator who coordinates their care. The WAAs develop a single plan of care and provide lots of help for children in the CSoC.
- CSoC also has Family Support Organizations (FSO) to help families. The FSO provides Parent and Youth Support and Training and makes sure families are involved and have a voice in their care.



Coordinated System of Care (C-SoC)

- Youth in out-of-home placement or at risk of out-of-home placement and children and youth who are enrolled in the Coordinated System of Care (CSoC) may receive these **additional** services:
 - Youth Support and Training
 - Parent Support and Training
 - Independent Living Skill-Building Services
 - Short-Term Respite
 - Crisis Stabilization



Personal Care Services

- Tasks that are medically necessary as they pertain to an EPSDT eligible's physical requirements when cognitive or physical limitations necessitate assistance with eating, bathing, dressing, personal hygiene, bladder or bowel requirements.
- PCS **does not include medical tasks** such as medication administration, tracheotomy care, feeding tubes or indwelling catheters. Assistance with these tasks can be covered through Medicaid's Home Health program.
- PCS **is not intended as a substitute for child care needs or to provide respite care to the primary caregiver.**
- A parent or adult caregiver is **no longer required** to be in the home while services are being provided to children.



How do I find a PCS provider?

- A list is available through the Medicaid website at www.dhh.louisiana.gov under Medicaid, Locate a Provider, Personal Care Services, and the region or parish where the participant lives. The website address as of 5/5/16 is: http://www.lamedicaid.com/provweb1/provider_demographics/provider_map.aspx
- Assistance is also available by calling the Specialty Care Resource Line toll free at 1-877-455-9955 or TTY at 1-877-544-9544.

*For participants with Bayou Health for their physical health services refer to Slide 157-158.



What if a PCS provider is not available?

- If you cannot find a PCS provider from the list of providers on the DHH website, which is willing to submit a prior authorization request, **call the DHH program staff line** at 1-888-758-2220.
- The DHH program staff line's hours of operation are 8:00a.m. – 4:30p.m. with a voice mail message system for overflow and after hour calls.
- **DHH will take all reasonable and necessary steps to obtain a provider who is willing to submit a prior authorization request within ten days.**

*For participants with Bayou Health for their physical health services refer to Slide 158-159, 163-164.



What if a PCS provider cannot find staff?

- The support coordinator must notify the Medicaid PAL and DHH Program Staff Line if the provider is unable to find staff after services have been approved. This shall be documented in the case record.
- The support coordinator should assist the family in finding another provider agency with available staff from the DHH website's list of providers.
- DHH will take all reasonable and necessary steps to obtain a provider who can staff the approved services within ten days.

*For participants with Bayou Health for their physical health services refer to Slide 158, 163-164.



How is PCS authorized?

- Personal Care Services must be prior authorized by Molina.*
- The provider must complete a Social Assessment form, a daily time schedule and develop a plan of care.
- A physician must complete an EPSDT-PCS Form 90 to prescribe or refer the service, and sign the provider's plan of care.
- The number of hours approved is based on assistance with the personal care needs that are covered through this program. There are no set limits to the number of hours a participant can receive.
- The Support Coordinator should assure that the physician has all critical information before the services are prescribed.
- All PA requests should include necessary documentation to support the medical necessity of the request.

*For participants with Bayou Health for their physical health services, PCS is prior authorized by the Bayou Health plan. See slide 158.



Extended Home Health Services

- Skilled nursing services are available for medically necessary home care that requires at least three hours of nursing care per day.
- Home Health agencies can also provide physical, occupational, and speech therapy in the home if this is medically necessary.
- Home Health Services for children and youth are not limited in terms of frequency or duration.
- A physician must order this service, and Extended Home Health Services must also be prior authorized.



EPSDT PCS vs. Home Health Services

Please refer to Appendix E in EPSDT-Targeted Population Support Coordination Training/Handbook



What if a Home Health provider is not available?

- If you cannot find a Home Health provider from the list of providers on the DHH website, which is willing to submit an authorization request (including in-home speech, occupational or physical therapy), call the **DHH program staff line at 1-888-758-2220.**
- The DHH program staff line's hours of operation are 8a.m.- 4:30p.m. with a voice mail message system for overflow and after hour calls.
- **DHH will take all reasonable and necessary steps to obtain a provider who is willing to submit a prior authorization request within ten days.**

*For participants with Bayou Health for their physical health services refer to slides 158-159, 163-164.



What if a Home Health provider cannot find staff?

- The support coordinator must notify the Medicaid PAL using the Referral to Medicaid PAL form (Appendix S) if the provider is unable to find staff after the service has been approved. This shall be documented in the case record. Medicaid PAL contact info is on slide 112.
- The support coordinator should assist the family in finding another provider agency with available staff from the DHH website list of providers.

*For participants with Bayou Health for their physical health services refer to slides 158, 163-164. MCO PAL contact info is on slide 113.



Pediatric Day Health Care

- Serves medically fragile individuals under the age of 21, including technology dependent children, who require nursing supervision and possibly therapeutic interventions all or part of the day due to a medically complex condition.
- These facilities offer an alternative or supplement to receiving in-home nursing care.
- PDHC may be provided up to seven days per week and up to 12 hours per day as documented by the recipient's Plan of Care.
- Care and services to be provided shall include but shall not be limited to: (a) Nursing care, including but not limited to tracheotomy and suctioning care, medication management, and IV therapy. (b) Respiratory care. (c) Physical, speech, and occupational therapies. (d) Assistance with aids of daily living. (e) Transportation services. (f) Education and training.
- Before and after school care is not a covered service because PDHC is designed to be offered for either half a day or a whole day.



Physical Therapy, Occupational Therapy, Speech Therapy, Audiology Services

- For Medicaid to cover these services through a school or in an early childhood educational setting, they must be part of the child's IEP or IFSP.
- For Medicaid to cover the services through a provider outside of an educational setting, they do not need to be part of the IEP or IFSP, but must be prior-authorized by Medicaid.



Physical Therapy, Occupational Therapy, Speech Therapy, Audiology Services

- Therapies can be provided at school, in an early childhood educational setting, in the home, or in a combination of settings.
- The Support Coordinator helps the family to determine the setting in which the child will receive the greatest benefit making the appropriate referral and coordinating the days and times of this service with other services the participant is receiving.



What if a Physical Therapy or Occupational Therapy provider is not available?

- If you cannot find a Physical Therapy or Occupational Therapy provider from the list of providers on the DHH website, which is willing to submit an authorization request, call the **DHH program staff line at 1-888-758-2220.**
- The DHH program staff line's hours of operation are 8:00a.m.- 4:30p.m. with a voice mail message system for overflow and after hour calls.
- **DHH will take all reasonable and necessary steps to obtain a provider who is willing to submit a prior authorization request within ten days.**

*For participants with Bayou Health refer to Slide 158-159, 163-164.



Medical Equipment and Supplies

- Participants are entitled to any medically necessary medical supplies, equipment and appliances needed to correct, improve, or assist in dealing with physical or mental conditions.
- This includes lifts and other devices to help the family deal with a child's circumstances, and also some medically necessary dietary or nutritional assistance.
- Medical Equipment and Supplies must be prescribed by a physician and prior authorized.



Medical Equipment and Supplies

- Incontinence supplies for children age 4 up to 21
- Based on medical necessity, pull ups, diapers, and liners/guards may be approved. (Appendix R-1)



Medical Equipment and Supplies

- The Medicaid prior authorization unit* may approve **less expensive items** that it believes will meet a participant's needs. If so, the notice of denial should identify the items.
 - The participant can accept the less costly item and still appeal the denial of the item originally requested; however, they must not dispose of, destroy, or damage (beyond normal wear and tear) the less expensive item while the appeal is pending
 - You should consult with the participant and the provider to see if the less costly item identified will work, and help the participant decide whether to appeal for the item originally requested.
 - The support coordinator must explain appeal rights to the family and assist in the appeal if the recipient wants that help.

*or the Bayou Health prior authorization unit if the participant has Bayou Health for their physical health services.



Transportation

- Even if Medicaid recipients are not covered under Bayou Health for other services, their transportation needs would be authorized and paid for under their Bayou Health Plan. They cannot opt-out of Bayou Health for transportation.



Transportation

- Non-emergency medical transportation (NEMT) is provided for Medicaid recipients to and/or from a provider for a Medicaid covered service. All participant's can access this service through their Bayou Health Plan (Bayou Health Appendix B).
- Children under 17 must be accompanied by an attendant.
- Arrangements for non-emergency transportation should be made at least 48 hours in advance.



Transportation

- The role of the Support Coordinator is to assist the family in arranging transportation services for the participant.
- Transportation must be provided in all parishes and to all eligible recipients. If there is a need for special arrangements, such as lift-equipped transportation, the Bayou Health plan must insure that such arrangements are made promptly so that the recipient can obtain the medical services they need.
- The phone numbers to the Bayou Health plans can be found in Bayou Health Appendix B.

“Friends and Family”

Transportation

- Louisiana Medicaid will allow family members/friends to become Medicaid funded transportation providers for specific family members through the “Friends and Family” transportation program. The program pays the participant’s friend or family member to take them to medical appointments when certain conditions are met. To assist someone you are serving that may benefit from this arrangement contact the participant’s Bayou Health Plan (Bayou Health Appendix B).



Other Medicaid Services Not Listed

Refer to Appendix F for an expanded list of available services. To ask about other available services, contact the Specialty Care Resource Line (toll free) at 1-877-455-9955 or TTY 1-877-544-9544.

*For participants with Bayou Health, refer to Appendix F and contact the Bayou Health plan at the numbers listed.



Other Medicaid Services Not Listed

Even if a service is not on the Medicaid services chart or available through a referral from the Specialty Care Resource Line, it must still be covered if it is a service permitted by federal Medicaid law and is necessary to correct or ameliorate a physical or mental condition of a recipient who is under age 21. Persons under age 21 are entitled to receive all medically necessary equipment or items that Medicaid can cover. This includes many items that are not covered for adults. These services may be subject to any restrictions allowable under Federal Medicaid law.



Non-Medicaid Services

- Many non-Medicaid sources of services and support are available, such as:
 - OCDD Human Service Districts and Authorities
 - Flexible Family Funds (Cash Subsidy)
 - Community Support Teams
 - Individual and Family Supports
 - Support Coordination

*Refer to the EPSDT Targeted Population Support Coordination Training Handbook pages 23-24 and Appendix G.



Non-Medicaid Services

- Office of Behavioral Health Services
 - Local Governing Entities –Behavioral Health Clinics
 - CART (child/adolescent response teams)

*Refer to the EPSDT Targeted Population Support Coordination Training Handbook pages 24-25 and Appendix I.



Non-Medicaid Services

- School and Early Childhood Education services.
- Other community services

*Refer to the EPSDT Targeted Population Support Coordination Training Handbook pages 25-27.



What Happens at Age 21?

- The participant becomes ineligible for some services at age 21, including support coordination, EPSDT Personal Care Services, Extended Home Health Services, incontinence supplies, and other items or services that are not part of Medicaid offerings for adults.
- The support coordinator should be aware of available services and make arrangements to transition the participant to receive all services he or she may need in order to continue to live in the most integrated setting that is appropriate for him.
- The support coordinator should begin making arrangements for transition at least 6 months prior to the participant's 21st birthday



Age 21, cont'd

Available services may include:

- OCDD services, including (in addition to those listed above) extended family living, supported independent living, and vocational and rehabilitative services.
- Medicaid Long Term-Personal Care Services (LT-PCS). Participants who are receiving EPSDT-PCS will be contacted by Xerox regarding LT-PCS. The support coordinator should inform the family to expect notification via phone or mail. Additional information can be obtained about LT-PCS by calling **1-877-456-1146**.
- OAAS- Community Choices Waiver and Adult Day Health Care Waiver services (call 1-877-456-1146 to request to be placed on the Request for Services Registry).
- Louisiana Rehabilitation Service may provide assistance with services needed to pursue short or long-term employment goals.



Medicaid Services Chart

- The Medicaid Services Chart is *Appendix B* in the EPSDT Target Population Support Coordination Training/Handbook.
- *If the Specialty Care Resource Line does not have providers listed, call the contact person listed on the Medicaid Services Chart. Call the DHH Staff Line for providers if the Service contact person is unable to assist at 1-888-758-2220.*

*For participants with Bayou Health, refer to slides 158-159, 163-164.



Support Coordinator Responsibility

After linkage is made:

- Validate Medicaid Eligibility through MEVS/REVS or e-MEVS at the beginning of every month.
- If the participant becomes ineligible for Medicaid, they are no longer eligible for Support Coordination and closure procedures shall be followed (as identified in the EPSDT Targeted Population Support Coordination Training Handbook pages 88).



Intake

- Contact the participant within 3 working days of linkage.
- Determine if the participant is a “competent major.” If there is no record of interdiction and the participant is able to express his preferences, the Support Coordinator must speak directly to the participant.
- If the participant has not been interdicted but is unable to express his preferences, the Support Coordinator must document this in the CPOC.
- Determine if the participant accepts Support Coordination and agrees with the requirements of the face-to-face visits.
- The **Case Management Choice and Release of Information Form (FOC)** can be used to obtain all plans, evaluations, and assessments that OCDD has developed or used in connection with its determination that the participant is eligible for services through the developmental disability services system. The information should be useful in the planning process. (Appendix N)



At the Face to Face Visit

- Inform participants of:
 - Support Coordination Responsibilities
 - Rights & Responsibilities (*Appendix K*)
 - HIPAA & Confidentiality
 - Appeal Process (*Appendix L and Bayou Health Appendix F*)
 - Availability of formal and non-formal services
 - Complaint Process for filing a report against support coordinators and/or Providers (*Complaint Form – Appendix M*)
 - 1-800-660-0488 Health Standards (*Complaint Line*)
 - Review of Medicaid Services Chart (*Appendix B*)



At the Face to Face Visit

- The most current **Medicaid Services Chart** can be found at:

[new.dhh.louisiana.gov/assets/docs/Making Medicaid Better/Medicaid Services Chart.pdf](http://new.dhh.louisiana.gov/assets/docs/Making_Medicaid_Better/Medicaid_Services_Chart.pdf)

(Appendix B)



At the Face to Face Visit

- Refer to the Rights and Responsibilities for Participants of EPSDT Targeted population Support Coordination (Appendix K).
- The family is often overwhelmed with everything they are being told in this first meeting. Do not expect the family to remember everything, even if you are providing information in writing.

**REVIEW THIS INFORMATION AS OFTEN AS IS
NECESSARY**



Assessment

- Is the process of compiling and integrating formal/professional and informal information relevant to the development of a person centered CPOC.
- Must begin within 7 calendar days of the referral and a face-to-face in-home visit must be completed within 10 calendar days of the referral.



Assessment

- Formal information includes medical, psychological, pharmaceutical, social, educational information, and information from OCDD. Informal information includes information gathered in discussions with the family and participant and may also include information gathered from talking to friends and extended family.
- Assist the participant in arranging professional evaluations and appointments including activating examination/diagnosis/treatment loop such as EPSDT screenings and immunizations and follow-up evaluations.



Comprehensive Plan of Care (CPOC)

- The CPOC process uses information from the formal evaluations. The CPOC is developed based on the identified needs and the unique personal outcomes envisioned, defined and prioritized by the participant.
- The CPOC is developed through a collaborative process involving the participant, family, friends or other support systems, the support coordinator, and others that know the participant best.



Comprehensive Plan of Care (CPOC)

- The CPOC process **MUST** be completed in a face-to-face meeting with the participant and others they wish to be present.
- The CPOC must be outcome oriented, individualized and time limited.



Comprehensive Plan of Care (CPOC)

- Must be mutually agreed upon strategies to achieve or maintain the desired outcomes which rely on informal, natural community supports and appropriate formal paid services.
- Assist the participant to make informed choices about all aspects of supports and services needed to achieve their desired personal outcomes. Use all assessment and intake information to identify the participant's needs.



Comprehensive Plan of Care (CPOC)

- Document services the participant is currently receiving
- Explain Medicaid services (using the most current Medicaid Services Chart) with special emphasis on DME, EPSDT, PCS, Home Health and EPSDT Screening Exam. Also available for your use is a PCS and Home Health chart (Appendix E) that will assist in identifying the need for these services.

Note: PCS can be approved for more than 28 hours per week. The amount of hours approved is based on what is documented as medically necessary and covered through this program.

*A parent or adult caregiver is **no longer required** to be in the home while services are being provided to children.*

- Identify those additional services that will meet the participant's unmet needs.



Comprehensive Plan of Care (CPOC)

Refer to the LSCIS CPOC (Appendix O) for review:

The content of the LSCIS CPOC is the same information that was required in the previous version.

- Section 1 – Demographics/Contact Information
- Section 2 – Medical/Social/Family History
- Section 3 - CPOC Service Needs and Supports
- Section 4 – Additional Information/Participants
- Section 5 – CPOC Approval
- Typical Weekly Schedule (paper form)



Comprehensive Plan of Care (CPOC)

Section 1 – Demographics/Contact Information

- Completion of demographics.
- Include information about parent or legal guardian and relationship.
- Fill in all blanks or provide explanations if information is unknown.

LSCIS CPOC Section 1

Demographics/ Contact Information

LSCIS Client Data Form V 3.45 Site: 0299030 Thursday, March 17, 2016 [Log Out: Sally](#)

[My Home](#) [LSCIS Start Page](#)

[Find Client](#) [Add Client](#) [Find Services](#) [Add Services](#) [Reviewable CPOCs](#) [Reports](#) [Electronic PA](#)

[Denied CPOCs](#)

Case #: EP721 Name: Last Doe First John MI C Target: ETP Vent. Dep.: ☐ DCFS/OCS: ☐ S. C. SC ?

Physical Bayou Health Agency: AMGRP Amerigroup of Louisiana

Behavioral Bayou Health Agency:

Bayou Health [Edit](#) [Print](#) **Bayou Health**

☒ [Contact Information](#) ☒ [Demographic Information](#) ☒ [Closure Information](#) ☒ [Pa History](#) ☒ [CPOC History](#) ☒ [Tracking History](#)

Client SSN: 123-45-6789 Medicaid ID: 1234567890123

Parish: 24 IBERVILLE Region: 02

Date of Birth: 04/13/1997 Age: 18 Adult

Case Open: 11/22/2013

Sex: 1 Male Race: 2 Black/African American

Legal Status: 1 Competent Major

Is able to direct his/her own care: No

MR: Severe Adaptive Functioning: Severe

Residential Placement: 12 Lives with Family/Friends

Number of MR/DD/Special Needs in Home (excluding recipient): 0

Names:

Current Education/Employment: 05 Regular and Special Education

Non-Chisolm reason:

ICD10 Diagnosis: F84.0 AUTISTIC DISORD

Primary ICD9 Diagnosis: 299.00 AUTISTIC DISORD ACTIVE STATE

[Edit](#)



Comprehensive Plan of Care (CPOC)

Section 2 – Medical/Social/Family History

- Interview or provide information about as many family members or significant others involved in the participant's life as possible.
- Identify strengths and weaknesses of the primary caregiver and informal supports.
- Document all information the family is able to identify.



Comprehensive Plan of Care (CPOC)

Section 2 – Medical/Social/Family History

- If a behavioral support plan is needed as part of the CPOC, make referral for this service. Psychological and behavioral services are available for participants.
- Identify formal information documents used in assessing needs.
- If more information is needed to determine the participant's health needs, make referrals for health screenings and help participant access these services.

LSCIS CPOC Section 2 – Medical/Social/Family History

LSCIS Client Data Form V 3.45 **Site: 0299030** **Thursday, March 17, 2016** [Log Out: Sal](#)

[Find Client](#) [Add Client](#) [Find Services](#) [Add Services](#) [Reviewable CPOCs](#) [Reports](#) [Electronic PA](#)

[Denied CPOCs](#)

Case #: Name: Last: First: MI: Target: Vent. Dep.: ☐ DCFS/OCS: ☐ S. C.:

Physical Bayou Health Agency:

Behavioral Bayou Health Agency:

Bayou Health [Edit](#) [Print](#) **Bayou Health**

☒ [Contact Information](#) ☒ [Demographic Information](#) ☒ [Closure Information](#) ☒ [Pa History](#) ☒ [CPOC History](#) ☒ [Tracking History](#)

Cpoc History

Cpoc Type	Support Coordinator	Submit for review by DHH	Submit Date	Approval Status	Reviewer	Begin Date	End Date	Q.R. Date	Edit	Void	Void	Print
Interim	<input type="text" value="eja"/> <input type="text" value="Erin Alligood"/>	<input type="checkbox"/>				12/02/2015	12/01/2016	01/07/2016		<input type="checkbox"/>	<input type="text" value="Void"/>	

☒ [2. Medical/Social/Family History](#) ☒ [3. CPOC Service Needs and Supports](#) ☒ [4. CPOC Participants](#) ☒ [5. CPOC Approval Information](#) ☒ [CPOC Quarterly Review](#) ☒ [Approval Denial Notes History](#)

PAST: Pertinent Historical Information

PRESENT: Describe Current Living Situation and Natural Supports:

HEALTH STATUS

Physician: Last Appointment Date:

Immunization Current:

Medical Diagnoses and Concerns/Significant Medical History (Include findings of last physical):

Psychiatric/Behavioral Concerns:

Dates of Evaluations/Documentation used to develop this CPOC

Social Evaluation

Psychological Evaluation

Psychiatric Evaluation

Special Education Eval.

Current IEP

Behavior Management Plan

Home Health Plan of Care

Form 90 or Medical Records

SOA

Expiration:

Permanent: ☐

Other

Describe:

[Edit](#)



Comprehensive Plan of Care (CPOC)

Section 3 - CPOC Service Needs and Supports

- Identify all goals and the support strategy needed to meet the goals (Who, What, When Where & How Often) Additional space is available in section 4.
- Identify all services the participant is currently receiving (Medicaid and non-Medicaid) and those that will be requested, clearly identifying each and the amounts approved.
- Identify all services that will be coordinated (Medicaid and non-Medicaid).



Comprehensive Plan of Care (CPOC)

Section 3 - CPOC Service Needs and Supports

- Identify services for the participant that require prior authorization (PA).
- Assure and document at the time of the CPOC meeting the participant/family understands that services and goals may be added whenever a request is made, if they chose not to access a service when the need is first identified.

LSCIS CPOC Section 3 – CPOC Service Needs and Supports

LSCIS Client Data Form V 3.45 Site: 0299030 Thursday, March 17, 2016 Log Out: Sally

Find Client Add Client Find Services Add Services Reviewable CPOCs Reports Electronic PA

Denied CPOCs

Case #: EP721 Name: Last Doe First John MI C Target: ETP Vent. Dep.: ☐ DCFS/OCS: ☐ S. C. SC

Physical Bayou Health Agency: AMGRP Amerigroup of Louisiana

Behavioral Bayou Health Agency:

Bayou Health Edit Print **Bayou Health**

☒ Contact Information ☒ Demographic Information ☒ Closure Information ☒ Pa History ☒ CPOC History ☒ Tracking History

CPOC History

CPOC Type	Support Coordinator	Submit for review by DHH	Submit Date	Approval Status	Reviewer	Begin Date	End Date	Q.R. Date	Edit	Void	Void	Print
Interim	Erin Alligood	<input type="checkbox"/>				12/02/2015	12/01/2016	01/07/2016		<input type="checkbox"/>	Void	

☒ 2. Medical/Social/Family History ☒ 3. CPOC Service Needs and Supports ☒ 4. CPOC Participants ☒ 5. CPOC Approval Information ☒ CPOC Quarterly Review ☒ Approval Denial Notes History

Service Needs

Service Strategy/Description	How was Need determined	Requested by participant/family	If not why not?	Primary Goal	Receiving	Medicaid/Bayou Health	School	Community	Family	OCDD	Requires PA tracked by S. C.	Amount Approved	Void	Edit
Other (8) Supports Waiver	Family	<input checked="" type="checkbox"/>		Best possible health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	
Psch/Behav. Serv (1) Psychiatrist	Family	<input checked="" type="checkbox"/>		Best possible health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	
Other (5) Surgical Sterilization	Family	<input checked="" type="checkbox"/>		Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	
Other (4) Medication management	Family	<input checked="" type="checkbox"/>		Best possible health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	
Other (3) behavior meds	Family	<input checked="" type="checkbox"/>		Natural Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	
Other (2) computer programs	IEP	<input checked="" type="checkbox"/>		Natural Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	
Other (1) adapted PE	IEP	<input checked="" type="checkbox"/>		Natural Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	
Speech Therapy (1) assistance with vocal	IEP	<input checked="" type="checkbox"/>		Natural Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	
Personal Care Serv (1) assistance with groom	Family	<input checked="" type="checkbox"/>		Natural Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Other (9) Example to void	Family	Void <input type="checkbox"/>		Void Void	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	



Comprehensive Plan of Care (CPOC)

Section 4 – Additional Information/CPOC Participants

- Document the following occurred:
 - Explanation and review of Medicaid Services Chart
 - The Services Available to Medicaid Eligible Children Under 21 Brochure has been provided (Appendix F)
 - Referral to EPSDT Screening provider
- Identify how often the goals and support strategies will be reviewed (minimum requirement is quarterly).



Comprehensive Plan of Care (CPOC)

Section 4 – Additional Information/CPOC Participants

- Reminder: Section 4 requires documentation of review of the Medicaid Services Chart; however, the Medicaid Services Chart should also have been reviewed initially during the face to face visit.
- The Medicaid Services Chart should be kept handy and reviewed as many times as necessary during the development of the CPOC.



Comprehensive Plan of Care (CPOC)

Section 4 – Additional Information/CPOC Participants

- An Additional Information section is available to address goal strategies if needed and identify all of the service providers.



Comprehensive Plan of Care (CPOC)

Section 4 – Additional Information/CPOC Participants

■ CPOC Participants

- All individuals and providers present at the CPOC meeting must sign the CPOC indicating they participated in the planning.
- The EPSDT SC participant and/or parent/guardian must sign and date the completed CPOC.
- The support coordinator present at the meeting must sign the CPOC.

LSCIS CPOC Section 4 – Additional Information / CPOC Participants

LSCIS Client Data Form V 3.45 Site: 0299030 Thursday, March 17, 2016 Log Out: Sally

Find Client Add Client Find Services Add Services Reviewable CPOCs Reports Electronic PA My Home LSCIS Start Page

Denied CPOCs

Case #: EP721 Name: Last Doe First John MI C Target: ETP Vent. Dep.: ☐ DCFS/OCS: ☐ S. C. SC

Physical Bayou Health Agency: AMGRP Amerigroup of Louisiana

Behavioral Bayou Health Agency:

Bayou Health Edit Print **Bayou Health**

☒ Contact Information ☒ Demographic Information ☒ Closure Information ☒ Pa History ☒ CPOC History ☒ Tracking History

CPOC History

CPOC Type	Support Coordinator	Submit for review by DHH	Submit Date	Approval Status	Reviewer	Begin Date	End Date	Q.R. Date	Edit	Void	Void	Print
Interim	eja Erin Allgood	<input type="checkbox"/>				12/02/2015	12/01/2016	01/07/2016		<input type="checkbox"/>	Void	

☒ 1. Medical/Social/Family History ☒ 3. CPOC Service Needs and Supports ☒ 4. CPOC Participants ☒ 5. CPOC Approval Information ☒ CPOC Quarterly Review ☒ Approval Denial Notes History

Planning Participants: Title and Agency Name: Additional Information about Service Needs and Supports:

S. C. has explained that Medicaid will provide medically necessary therapies, in addition to the therapies received at school through the IEP. ☐

If no why not:

Support Coordinator has reviewed Medicaid Services Chart with the participant and family: ☐ If no why not:

Support Coordinator has provided the participant and family with information on Medicaid EPSDT Services: ☐ If no why not:

Support Coordinator has provided the participant and family with information on EPSDT Screening Services: ☐

If not why not:

EPSDT Screening Services requested: ☐ If yes referral Date: ☐ / ☐ / ☐

Participant Signature Date: ☐ / ☐ / ☐

The Support Coordinator will coordinate all services, Medicaid and non-Medicaid, and ensure that the participant receives the services he or she needs to attain or maintain their personal outcomes. The Support Coordinator will have phone contact with the family/participant at least monthly and meet face to face at least quarterly to assure that the CPOC continues to address the participant's need and that that services are being provided. The CPOC will be reviewed by the Support Coordinator at least quarterly and revised annually and as needed. If there are no services to coordinate, the family/recipient has been informed of this and that they can access support coordination at any time until the child's 21st birthday. Declining EPSDT Support Coordination will not affect their eligibility to receive Medicaid services or their placement on the Waiver Request for Services Registry.

Signature of Support Coordinator: ☐ S.C. Signature Date: ☐ / ☐ / ☐ Ready for Supervisor Review: ☐

Edit



Comprehensive Plan of Care (CPOC)

Section 5 – CPOC Approval Information

- The support coordinator's supervisor must review the current and prior CPOC, formal information documents, Service Logs, and Quarterly Reviews prior to signing and submitting the CPOC to SRI.
- The Support Coordinator must submit the approvable CPOC to be received by SRI no later than 35 days from the date of linkage/referral.

NOTE: The CPOC will not transmit unless all required fields are completed. The original signature pages must be kept in the case record.



Comprehensive Plan of Care (CPOC)

Section 5 – CPOC Approval Information

- For initial plans, assessment data (the current formal documents and all assessments/evaluations and supporting documents from the regional OCDD office) shall be sent via mail or fax. All other information as required on the Checklist for EPSDT Support Coordination Approval Process (Appendix X) **shall be kept in the case record at the agency.**
- The CPOC may be randomly selected for monitoring when the SC supervisor submits it to DHH/SRI for review. The Monitoring Checklist (Appendix X-2) and required documents must be received by SRI within the required timeline.
- The Support Coordinator is responsible for requesting and coordinating all services identified in the CPOC immediately upon completion of the CPOC (date the recipient or parent/guardian signed the approval page) and prior to approval from BHSF/SRI.
- Approval of Medicaid state plan services is through the PA unit, therefore, the Support Coordinator should not await BHSF/SRI approval of the CPOC before making referrals for necessary services.



Comprehensive Plan of Care (CPOC)

Section 5 – CPOC Approval Information

- BHSF/SRI shall review the CPOC to ensure that all notification, information, planning and identification of needed services has been included.
- Any information not completed will result in the CPOC being returned without approval for completion.
- Again, the CPOC does not control the services. This process only controls the payment to Support Coordination Agencies.

LSCIS CPOC Section 5 – CPOC Approval Information

LSCIS Client Data Form
V 3.45
Site: 0299030
Thursday, March 17, 2016
Log Out: Sally

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[Add Services](#)
[Reviewable CPOCs](#)
[Reports](#)
[Electronic PA](#)

[Denied CPOCs](#)

Case #: EP721
Name: Last Doe First John MI C Target: ETP
Vent. Dep.: ☐ DCFS/OCS: ☐ S. C. SC
Physical Bayou Health Agency: AMGRP Amerigroup of Louisiana
Behavioral Bayou Health Agency:

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☒ [Demographic Information](#)
☒ [Closure Information](#)
☒ [Pa History](#)
☒ [CPOC History](#)
☒ [Tracking History](#)

Cpoc History

Cpoc Type	Support Coordinator	Submit for review by DHH	Submit Date	Approval Status	Reviewer	Begin Date	End Date	Q.R. Date	Edit	Void	Void	Print
Interim	eja Erin Alligood	<input type="checkbox"/>				12/02/2015	12/01/2016	01/07/2016		<input type="checkbox"/>	Void	

☒ [2. Medical/Social/Family History](#)
☒ [3. CPOC Service Needs and Supports](#)
☒ [4. CPOC Participants](#)
☒ [5. CPOC Approval Information](#)
☒ [CPOC Quarterly Review](#)
☒ [Approval Denial Notes History](#)

I, the Support Coordinator Supervisor, have reviewed all of the listed evaluations/documentation used to develop this CPOC, service logs, and quarterly reviews for identified needs and the status of requested services. The entire CPOC was reviewed to ensure that all identified needs are addressed, all required information is included, information is edited and updated, and no discrepancies exist.

Signature Support Coordinator Supervisor: Date: / /

Submit for review by DHH: ☐

[See Service Tickets](#)

[Edit](#)

Approval/Denial Information

By: Approval/Denial Date: / /

Approval/Denial Notes:



Comprehensive Plan of Care (CPOC)

Typical Weekly Schedule (Paper Form)

- The weekly schedule is a tool that the Support Coordinator uses to assure that services are delivered at appropriate days and times and do not overlap, unless this is medically necessary.
- Include all approved services the participant is currently receiving.
- Include new services the participant is requesting.
- Show when the participant is in school, at home or participating in other activities.



Comprehensive Plan of Care (CPOC)

Typical Weekly Schedule (Paper Form)

- If a prior authorized service is denied and not appealed, or if for any other reason the planned services are not delivered, the schedule should be amended to reflect only services actually put in place.
- If the participant wishes to change any of the times for established services, the support coordinator shall give the revised schedule to all appropriate providers informing them of the time changes.
- This document is kept in the case record.



Coordination of Services

- Support Coordinator should provide as much assistance as possible to the family to identify and obtain other non-Medicaid services (home modifications, respite, financial assistance, etc.) that are identified in the plan.
- The CPOC is considered a holistic plan, therefore the Support Coordinator is responsible for coordinating all identified service needs, including paid and un-paid supports as well as non-Medicaid Services.



Coordination of Services

- Support Coordinators should:
 - Give the participant/family a Choice of Providers (unless they are already satisfied with a provider).
 - Give the participant the medical information forms that are required for the specific service. Assist with scheduling the doctor appointment, transportation, etc., as needed.
 - Have the participant/family list the provider they choose and sign the Choice of Provider Form for EPSDT Medicaid Providers (Appendix Z).
 - Make referrals to the appropriate providers.



Coordination of Services

- Support Coordinators should:
 - Assist the participant in contacting prospective providers and finding out if they are willing to submit prior authorization requests.
 - Obtain lists of providers from the Medicaid website and the Specialty Care Resource Line. If none of these providers is able to provide the services, call the DHH Program Staff Line at 1-888-758-2220 to report the difficulty.

*For participants with Bayou Health refer to slides 157-159, 163-164.



Coordination of Services

- Support Coordinators should:
 - Assist the family/provider in gathering the appropriate documentation needed to support the request.
 - Notify the Medicaid PAL if the provider is unable to find staff after the services have been approved.

*For participants with Bayou Health refer to slides 163-164.



Coordination of Services

- The Support Coordinator will immediately begin to coordinate all identified needed services.
 - The Referral to Provider form (BHSF-PF-03-016, Appendix Q) shall be used to make referrals to providers for those services requiring prior authorization.
 - *For participants with Bayou Health refer to slides 156, 163, and Bayou Health Appendix Q.
 - The Support Coordinator shall document the process using the electronic EPSDT Tracking Log and the electronic EPSDT Service Logs.
 - The process shall begin no later than the CPOC completion date.



Coordination of Services

- All services shall be coordinated by the Support Coordinator.
- Any new services identified that require prior authorization will be coordinated. The support coordinator shall make the referral by utilizing the "Referral to Provider Form" (Appendix Q).
 - *For participants with Bayou Health use Referral to Bayou Health Case Management Form (Bayou Health Appendix Q).
- Referral to providers should be made within 3 days of CPOC completion, or within 3 days of the date the family selects the direct service provider as documented on the Choice of Provider Form (if the date of provider selection is later than the CPOC meeting).
 - *For participants with Bayou Health, referral to Bayou Health Case Management should be made within 3 days of the date of service request and again within 3 days of the date the family selects the direct service provider as documented on the Choice of Provider form (if the date of provider selection is later than the date of the service request).



Coordination of Services

- All referrals require that you initiate and document all contacts on the electronic EPSDT Prior Authorization Tracking Log and the EPSDT Service Log.
- These entries must be up to date as BHSF/SRI and/or Health Standards may request to review this information in order to verify services and prior authorization information.



EPSDT Prior Authorization Tracking Log

- The electronic **EPSDT Prior Authorization Tracking Log** is an important tool for Support Coordinators. The PA Tracking Log:
 - Provides assurance the participant is receiving the services requested (PA should be issued within 60 days of request from date of Choice of Provider).
 - Serve as a reminder to contact the provider or Bayou Health Case Manager if you have not received a copy of the Prior Authorization Request Form.
 - Allows you to know at a glance what was/was not approved and the dates.



EPSDT Prior Authorization Tracking Log

- The PA Tracking Log:
 - Serve as a reminder to notify the provider to submit a prior authorization request to assure continuation of services (45-60 days prior to PA end date).
 - *For participants with Bayou Health, the timeline is 20-60 days prior to the PA end date and you notify the Bayou Health Case Manager.
 - Provide documentation that appeal assistance was offered/provided to the participant and the Appeals brochure was provided.
 - Serve as documentation of the date the prior authorization request was received.



EPSDT Prior Authorization Tracking Log

- A separate log is completed for each service that requires prior authorization. (Note: supplies relating to a specific activity may be listed on one log if the provider and PA service dates are the same.)
- A new entry log is used for each PA cycle after the reminder notice for renewals is sent to the provider. (The date the reminder notice is sent is the date of referral for a new tracking log.)
- A new log is used for changes in existing services (i.e., additional hours of service requested).



EPSDT Prior Authorization Tracking Log

- The log provides space for ongoing tracking information relating to the status of the prior authorization/service including:
 - Type of Service and Amount
 - Date of Request and Date of COP (Choice of Provider)
 - Provider
 - Date of Referral to Provider (within 3 days of date of COP)
 - Required Provider Contacts
 - Referral to PAL (if required)
 - PA Approval and Dates

NOTE: A new log is to be initiated for each new choice of provider.

LSCIS Prior Authorization Tracking Log

LSCIS Client Data Form		V 3.45	Site: 0299030		Thursday, March 17, 2016		Log Out: Sally
Find Client Add Client Find Services Add Services Reviewable CPOCs Reports Electronic PA					My Home LSCIS Start Page		
Denied CPOCs							
Case #: EP721 Name: Last <input type="text" value="Doe"/> First <input type="text" value="John"/> MI <input type="checkbox"/> Target: ETP Vent. Dep.: <input type="checkbox"/> DCFS/OCS: <input type="checkbox"/> S. C. <input type="text" value="SC"/> Physical Bayou Health Agency: <input type="text" value="AMGRP Amerigroup of Louisiana"/> Behavioral Bayou Health Agency: <input type="text"/> <div>Print</div>							
<div> <input checked="" type="checkbox"/> Contact Information <input checked="" type="checkbox"/> Demographic Information <input checked="" type="checkbox"/> Closure Information <input checked="" type="checkbox"/> Pa History <input checked="" type="checkbox"/> CPOC History <input checked="" type="checkbox"/> Tracking History </div>							
Support Coordinator: <input type="text"/>		Type of Service Requested: <input type="text"/>		Type Of Request: <input type="text"/>		Amount of Requested service: <input type="text"/>	
Date of COP: <input type="text"/>		Provider: <input type="text"/>		Date of Referral to Provider/BHCM: <input type="text"/>		15 Day Provider/ BHCM Contact Date: <input type="text"/>	
						35 Day Provider/ BHCM Contact Date: <input type="text"/>	
Date Packet Submitted to Molina/ Bayou Health: <input type="text"/>		Date Provider PA Request Packet Received: <input type="text"/>		Not Received: <input type="checkbox"/>		Date of Referral to PAL (Untimely PA Packet Submission): <input type="text"/>	
						Date of Decision: <input type="text"/>	
PA Begin Date: <input type="text"/>		PA End Date: <input type="text"/>		Date PA Notice Received: <input type="text"/>		Date of Referral to PAL (Untimely PA Notice): <input type="text"/>	
Service Start Date: <input type="text"/>		PA Issued within 60 Days of Request: NA		Explanation, if not issued: <input type="text"/>		Amount of Service Approved: <input type="text"/>	
Date Renewal Sent and new tracking started: <input type="text"/>		Date Denial of Service Notice Received: <input type="text"/>					
Approval/ Denial Status: <input type="text"/>		Reason for Denial: <input type="text"/>		Date Appeal Rights Explained: <input type="text"/>		Date Appeal Brochure Provided: <input type="text"/>	
				Offered to help with appeal Date: <input type="text"/>		Is Client Appealing: <input type="text"/>	
Request Assistance with Appeal: <input type="text"/>		Date Appeal Sent to DHH: <input type="text"/>		45 Day Appeal Follow Up: <input type="text"/>		90 Day Appeal Follow Up: <input type="text"/>	
				Date of Appeal Decision: <input type="text"/>		Appeal Outcome: <input type="text"/>	
Notes: <input type="text"/>							
<div>Save</div> <div>Cancel</div>							

LSCIS Prior Authorization Tracking Log for Bayou Health Services

LSCIS Client Data Form V 3.45 Site: 0299030 Thursday, March 17, 2016 Log Out: Sally

Find Client Add Client Find Services Add Services Reviewable CPOCs Reports Electronic PA

Denied CPOCs

Case #: EP721 Name: Last Doe First John MI C Target: ETP Vent. Dep.: ☐ DCFS/OCS: ☐ S. C. SC

Physical Bayou Health Agency: AMGRP Amerigroup of Louisiana

Behavioral Bayou Health Agency:

Bayou Health Print **Bayou Health**

☒ Contact Information ☒ Demographic Information ☒ Closure Information ☒ Pa History ☒ CPOC History ☒ Tracking History

Support Coordinator: ? Type of Service Requested: Type Of Request: Amount of Requested service: Date of Service Request: // /

Date of COP: // / Provider: Date of Referral to Provider/BHCM: // / 15 Day Provider/BHCM Contact Date: 35 Day Provider/BHCM Contact Date: // /

Date of 2nd Referral to Provider/BHCM: // / 2nd 15 Day Provider/BHCM Contact Date: 2nd 35 Day Provider/BHCM Contact Date: // /

Date Packet Submitted to Molina/ Bayou Health: // / Date Provider PA Request Packet Received: // / Not Received: ☐ Date of Referral to PAL (Untimely PA Packet Submission): // / Date of Decision: // / Date PA Notice Received: // / Date of Referral to PAL (Untimely PA Notice): // / Amount of Service Approved: // /

PA Begin Date: // / PA End Date: // / Service Start Date: // / PA Issued within 60 Days of Request: NA Explanation, if not issued: Date Renewal Sent and new tracking started: // / Date Denial of Service Notice Received: // /

Approval/ Denial Status: Reason for Denial: Date BH Appeal Rights Explained: // / Offered to help with BH Appeal Date: Is Client Appealing: Request Assistance with BH Appeal: Date Appeal Sent to BH: // /

30 Day BH Appeal Follow Up: Date of BH Appeal Decision: // / BH Appeal Outcome: BH Appeal Notes: Date Appeal Rights Explained: // / Date Appeal Brochure Provided: // / Offered to help with appeal Date: Is Client Appealing: // /

Request Assistance with Appeal: // / Date Appeal Sent to DHH: // / 45 Day Appeal Follow Up: 90 Day Appeal Follow Up: Date of Appeal Decision: Appeal Outcome: Notes:

Save Cancel



EPSDT Service Log

- The EPSDT Service Log should be used for documenting activities related to EPSDT services.
- A separate service log should be used when possible to document activity related to a specific requested prior authorized service as identified on the EPSDT Prior Authorization Tracking Log.
- All contacts with the Participant, Provider, Bayou Health Case Manager, PAL, and DHH Program Staff Line must be documented including monthly contact with the participant/family to check status of implementation of services.
- Document receipt of the approval, denial or reduction of services.

LSCIS Service Log

LSCIS Service Log Form V 3.45 Site: 0299030 Thursday, March 17, 2016 Log Out: Sally

My Home → LSCIS Start Page

Find Client Add Client Find Services Add Services Reviewable CPOCs Reports Electronic PA

Denied CPOCs

Ticket No: Case No: ? S. C. SC Sally Coordinator

1. Date: 03/17/2016 5. Activity: P/P Contact

2. Begin Time: End Time:

3. Place: 7. Service Participants:

4. Type of Contact:

Entered: Modified: Reviewed:

8. Begin Mileage: End Mileage:

9. Minutes spent documenting log: 0

Service Need:

Notes:

Save Cancel Void



Coordination of Services

- After 15 calendar days from referral, contact the provider to see that they are working on the request and to see if they need any assistance gathering information.
- Within 35 calendar days after referral, you should contact the provider and ask if the request has been submitted to Medicaid or if there were problems that you could assist with.
- If a Prior Authorization packet has not been submitted, use the Referral to PAL form to notify the PAL. Also inform the participant about their right to change providers.



Prior Authorization Liaison



Medicaid Prior Authorization Packet *(Appendix R)*



Prior **A**uthorization **L**iaison



Established to facilitate the PA approval process for Medicaid recipients under age 21 who are part of the NOW Request for Services Registry.



Prior Authorization Liaison



- The Chisholm v. Hood lawsuit settlement stipulates that the support coordinator is notified of requests, status, and any delays to the PA approval process.
- The PAL will maintain a tracking system to ensure support coordinators remain aware of the status of PA requests, submission, decision dates and reconsiderations.



Prior Authorization Liaison



PA requests are given to the PAL when the request cannot be approved due to:

- Lack of documentation, or
- Technical errors:
 - Overlapping dates of service
 - Incorrect procedure codes
 - Prescription not signed by the doctor



Prior Authorization Liaison



- The PAL will attempt to resolve the problem.
- Within 24 hours of the PAL receiving the request, the PAL makes the initial contact by phone or fax to the provider, participant, and support coordinator.



Prior Authorization Liaison



- If the issue is not resolved after 10 days of initial contact with the provider, a Notice of Insufficient Documentation is sent to the provider, recipient and support coordinator advising them of the specific documentation needed.
- The needed documentation must be returned to the PAL within 30 days of the notice date.



Prior Authorization Liaison



- Support Coordinator Role
 - Communicate promptly with the PAL to facilitate requests for information.



Prior Authorization Liaison



- Support Coordinator Role (continued)
 - Track status of requests:
 - Advise PAL of providers not actively developing requests.
 - Inform participants of right to choose another provider.
 - Assist recipient in locating another provider.
 - Communicate with the family and provider and provide assistance in assembling documentary support on prior authorization requests.



Prior Authorization Liaison



- Support Coordinator Role (Continued)
 - Follow up so that a PA decision is received, instead of having the service denied due to a lack of information.
 - If a “Notice of Insufficient Documentation” is received, assist the participant in obtaining documentation. If you are not sure enough additional information is available, help the recipient schedule a doctor’s appointment and return the second page of the Notice filled in with the date of the appointment to the PAL.
 - If a PAL referral is done, notify them of any scheduled doctor appointments.



Prior Authorization Liaison



- **Contacts**

- **Molina PAL**

Danielle Smith

1-800-807-1320 option #2

Fax: 225-216-6478

Molina Healthcare

Prior Authorization Liaison

P. O. Box 14919

Baton Rouge, LA 70898-4919

- **Medicaid PAL**

Nancy Spillman

nancy.spillman@la.gov

(225) 342-7873

Fax: (225) 389-2749 or

1-877-747-0997

*You only need to contact the Molina PAL to return calls to her.

Prior Authorization Liaison Bayou Health Plans

- **Aetna**

Jodi Carter Jones, PAL

504-667-4451/ Fax: 844-227-9205

CarterJonesJ@aetna.com

Tiffany Estopinal

504-667-4463 / Fax: 844-227-9205

EstopinalT@aetna.com

- **Amerigroup**

Jennifer Wright, PAL

504-834-1271 ext. 88785

Jennifer.wright@amerigroup.com

Vince Piazza, RN - PAL

504-834-1271 ext. 88784

vince.piazza@amerigroup.com

- **AmeriHealth Caritas of Louisiana**

Johnelle Wallace, RN Care Manager – PAL

225-300-9257 / Fax: 855-301-5366

jwallace@amerihealthcaritasla.com

Shari Hilliard, RN Care Manager

225-300-9120

shilliard@amerihealthcaritasla.com

- **Louisiana Healthcare Connections**

Nyga Hinton, PAL

866-595-8133 ext. 69580/ Fax: 877-668-2079

nhinton@centene.com

- **UnitedHealthcare**

Kathy Zamarron, PAL

832-500-6751 / Fax: 866-895-3334

Kathy_L_Zamarron@uhc.com

Sara Davis, PAL

832-500-6691 / Fax: 855-416-7621

Sara_E_Davis@uhc.com



Prior **A**uthorization **L**iaison



Refer to Appendix R for a copy of the PAL notices.



Prior Authorization Liaison



To summarize the PAL and Support Coordinator's roles:

- If additional information is needed to process the request, the PAL will contact the provider, participant, and support coordinator within 24 hours.
- The support coordinator is to assist in obtaining the additional information. This will not supplant the responsibilities of the provider.
- The support coordinator will receive a copy of all notices (i.e. approved, denied, reduction in services and request for additional information) regarding the requested service.



Coordination of Services

- **Follow-up shall be made with the participant as needed and at least monthly to ensure that all services identified on the CPOC have been implemented and he/she is receiving services in the amount approved and at the times requested.** (If the participant is not satisfied, the support coordinator shall follow-up with the provider. If it cannot be resolved, the support coordinator will forward a report to the PAL using the Referral to the PAL Form – BHSF-PF-03-015, Appendix S.)
- **You must report to BHSF ALL services where a decision was not made within 60 days from the completion of the CPOC or from the FOC date. When a new provider is chosen, the 60 days do not start over and these instances shall be included in the reporting.**



Coordination of Services

- If the approved services are different than those designated on the CPOC Typical Weekly Schedule, the schedule must be revised to reflect the actual approved services/schedule using the legally accepted correction procedure. The schedule change does not have to be sent to SRI at this time.
- You only need to contact previously approved providers if the participant wants a scheduling change



Coordination of Services – Renewals of Prior Authorization

The provider must submit the packet no less than 25 days prior to expiration of the prior authorization for services to continue without interruption. Some services may not require a full prior authorization packet.

- The Support Coordinator must send a reminder letter (Referral to Provider form – BHSF-PF-03-016, Appendix Q) to the provider no less than 45 or more than 60 calendar days prior to the expiration of the prior authorization.

*For participants with Bayou Health, the SC must send a reminder letter (Referral to Bayou Health Case Management , Bayou Health Appendix Q) to the Bayou Health Case Manager no less than 20 days or more than 60 days prior to the expiration of the prior authorization.



Coordination of Services - Appeals/Reduction in Service Requests

- The support coordinator must inform the participant of his/her Appeal rights and provide the Appeals Brochure. The appeals brochure is located on the internet at <http://new.dhh.louisiana.gov/index.cfm/page/323>
- Refer to Bayou Health Appendix F for information on internal Bayou Health appeals. Refer to the Appeals Brochure (Appendix L) – for Legacy Medicaid and for Bayou Health after they have exhausted the Bayou Health appeal.
- Review the brochure in its entirety.
- Explain that the participants can receive the services or items that have been approved, and appeal for whatever was denied. They do not need to choose between filing an appeal and receiving the approved services.

Coordination of Services -

Appeals/Reduction in service requests

- The support coordinator must ask the participant/family if they need/want assistance with filing the appeal.
- The support coordinator must assist with an appeal if assistance is wanted by the recipient. Review the Appeals section of the EPSDT SC Training Handbook.
- Regardless of whether or not the support coordinator is assisting with the appeal, they must follow-up with the participant within **20** calendar days of the appeal request to see if they have received a response, and/or need additional assistance.

Coordination of Services -

Appeals/Reduction in service requests

- The support coordinator should follow-up again with the participant at least 90 days after the appeal was sent to check on the final decision regarding the appeal.
- Document all information on the electronic EPSDT Prior Authorization Tracking Log and EPSDT Service Log (LSCIS).

*For participants with Bayou Health refer to Bayou Health Appendix F for information on Appeals.



Follow-up Requirements

- After the CPOC meeting there must be a contact at least monthly and as needed to:
 - Assure implementation of requested services.
 - Determine service start date after the PA is received.
 - Assist, as requested, with identified needs and problems with providers.
 - Follow up on obtaining information to complete a PA request.
 - Offer to assist with an appeal.



Follow-up Requirements

- There must be a face-to-face contact at least quarterly to identify:
 - Service needs and status through review of the CPOC.
 - Completion of the EPSDT Quarterly Review/ Checklist and Progress Summary (LSCIS) Note: The original signature page must be kept in the case record.



Follow-up Requirements

- Additional services requested.
 - Scheduling issues (update the Typical Weekly Schedule).
-
- Note: The face-to-face quarterly visit does not have to be completed in the participant's home.



Follow-up Requirements

- Service delivery issues use the Referral to PAL (BHSF-PF-03-015, Appendix S).
- Any complaints that need to be made (BHSF-RF-03-010, Appendix M).

LSCIS CPOC Quarterly Review

LSCIS Client Data Form V 3.45 Site: 0299030 Thursday, March 17, 2016 Log Out: Sally

Find Client Add Client Find Services Add Services Reviewable CPOCs Reports Electronic PA

Denied CPOCs

Case #: EP721 Name: Last Doe First John MI C Target: ETP Vent. Dep.: ☐ DCFS/OCS ☐ S. C. SC

Physical Bayou Health Agency: AMGRP Amerigroup of Louisiana

Behavioral Bayou Health Agency:

Bayou Health Edit Print **Bayou Health**

☒ Contact Information ☒ Demographic Information ☒ Closure Information ☒ Pa History ☒ CPOC History ☒ Tracking History

CPOC History

CPOC Type	Support Coordinator	Submit for review by DH	Submit Date	Approval Status	Reviewer	Begin Date	End Date	Q.R. Date	Edit	Void	Print
Interim	eja	Erin Allgood				12/02/2015	12/01/2016	01/07/2016		Void	

☒ 2. Medical/Social/Family History ☒ 3. CPOC Service Needs and Supports ☒ 4. CPOC Participants ☒ 5. CPOC Approval Information ☒ CPOC Quarterly Review ☒ Approval Denial Notes History

Service Needs	Requesting Services	Receiving Services	Expiration Date of PA	Referred to PA	Appeal Process	Progress Status of Service/Receiving amount PA
Other (8) Supports Waiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	Waiting list
Other (5) Surgical Sterilization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	Carried over; Resolved procedure done 10/15
Other (4) Medication management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	Ongoing; Mom administers
Other (3) behavior meds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	Ongoing; Metadate
Other (2) computer programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	Ongoing; School
Other (1) adapted PE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	Ongoing; School
Personal Care Serv (1) assistance with groom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Ongoing; 4 hours 7 days a week
Psch/Behav. Serv (1) Psychiatrist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	Ongoing; Dr. Farnsworth
Speech Therapy (1) assistance with vocal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	Ongoing; School

Health Changes (Include Nutritional Changes) No

Safety Issues No

Changes in Living Situations No

Medicaid Services Chart Yes

Rights and Responsibilities Yes

Grievance Policy Yes

Abuse Policy Yes

Health Standards Provider compliant (1-800-660-0488) Yes

Are you requesting any medically necessary therapies now or want to receive therapies on the IEP during the school's summer break? No

Participant Questions

Are you receiving the services that you requested? Yes ☐ No ☐

Are the Services at the day/time needed? Yes ☐ No ☐

Are you pleased with the services that you are receiving? Yes ☐ No ☐

Are there Additional services that you need? No ☐ Yes ☐

Participant Complaint Form Completed

Comments

Notes (Include narrative description of Above CMIS codes, additional explanations as needed and summary status and progress for quarter) example note

Support Coordinator: SC Date: 01/07/2016

Names of Attendees	Relation/Title/Agency	Date
Jane Doe	Mother	01/07/2016
John Doe	Client	01/07/2016
Sally Coordinator	SC	01/07/2016
		/ /
		/ /

Edit



CPOC Revisions

- When significant new information is obtained from a medical appointment or assessment, including a psychological and behavioral services assessment, the CPOC should be updated in LSCIS. Goals and objectives should be added and/or revised according to the most recent information available. The Typical Weekly Schedule should be revised to reflect the changes.
- A list of participants that have a revised/updated CPOC must be submitted to SRI by the last day of the quarter for each quarter that changes are made to the CPOC.



Follow-up Requirements - Forms

- The CPOC including the Typical Weekly Schedule must be revised to reflect any changes in status or information and for the addition of new services or changes in existing services.
- Provider Referral form (BHSF-PF-03-016) shall be used when referring the participant for services, reminding the provider of the renewal date or changing the schedule.
 - *Referral to Bayou Health Case Management (Bayou Health Appendix Q) shall be used for participants with Bayou Health.
- EPSDT Prior Authorization Tracking Log (LSCIS) and the EPSDT Service Log (LSCIS) must be used to document the process of all initial services, renewals, and appeals.



Follow-up Requirements - Forms

- Referral to the Medicaid PAL (BHSF-PF-03-015, Appendix S) shall be used to identify any problems with the provider.
 - *Referral to DHH Medicaid PAL (Bayou Health Appendix S, S-1, S-2) shall be used for participants with Bayou Health.
- Participant Complaint Form (BHSF-RF-03-010, Appendix M) shall be used as needed by the Participant.
- EPSDT Quarterly Review/Checklist and Progress Summary (LSCIS) is required to be completed at least quarterly. The original signature pages must be kept in the case record.
- EPSDT Quarterly Report.
- Record Review for the Quarterly Report (Appendix W-1).



Follow-up Requirements - EPSDT Quarterly Report

- The EPSDT Quarterly Report will be completed using information entered into LSCIS by the Support Coordination agency.
- The support coordination agency must have all required information entered into LSCIS at the end of each quarter so that the report can be generated.



Follow-up Requirements - EPSDT Quarterly Report

- The report will include the names of the participants and the services for the following:
 - Participants whose request for services did not result in a PA being issued within 60 days.
 - Participants with gaps in the authorization period.
 - Participants who submitted requests for appeals within the quarter.



Follow-up Requirements - EPSDT Quarterly Report

- BHSF/SRI and the DHH attorney will review the information to assure that the participants are receiving the services they need and the assistance they need to access the services. BHSF/SRI will review the PA Tracking and Services Logs and may request additional documentation and information from the support coordination agencies.



Follow-up Requirements - EPSDT Quarterly Report

- Referring to the 6/28/06 Memo (BHSF-EPSDT-06-002), It is the responsibility of the SC Agency to identify participants with a prior authorization (PA) not issued within 60 days of the participant's request.
- As part of that identification, the SC Agency must review all documentation (CPOC, Prior Authorization Tracking Log, Service Event list, etc) prior to end of each Quarter.



Requirements for Support Coordination Agencies

- All Support Coordinators must receive EPSDT training.
 - New support coordinators and trainees must receive the EPSDT training:
 - During orientation and prior to being assigned an EPSDT caseload.
 - The EPSDT Training must be included as part of the required 16 hours of orientation training.
 - All support coordinators and trainees must complete the EPSDT training each year.

The agency's Designated Trainer and Supervisors (Train the Trainer) will be responsible for training the staff.



Requirements for Support Coordination Agencies

All EPSDT Designated Trainers and Support Coordinators Supervisors must receive EPSDT training.

- New Designated Trainers and Supervisors must receive the EPSDT training prior to beginning supervision of EPSDT support coordinators. The training may be provided by BHSF/SRI or by a trained supervisor or designated trainer within the agency.



Requirements for Support Coordination Agencies

- The agency must submit documentation of the training to the EPSDT Program Manager.
- Documentation of annual training must be submitted one time each year.
- Documentation of training for new staff must be submitted by the last day of each quarter, if applicable for that quarter.



Requirements for Support Coordination Agencies

- LSCIS Reports

The On-Site Manager is responsible for assuring compliance with all program requirements and the EPSDT Specialist is to monitor that all EPSDT requirements are met. They shall check the LSCIS reports at least semiweekly. All deficiencies are to be addressed and resolved.



Reminders

- The purpose of Support Coordination is to coordinate all services and to ensure the participant receives the services he/she needs.
- If at any time a provider is not actively working on behalf of the participant, contact the PAL.
- Contact SRI if you have questions or your BHSF State Office regarding policy.



EPSDT – Targeted Population

Support Coordination Training

Part 2

Bayou Health Plans



Purpose of the Training:

To provide an overview of Bayou Health for the Support Coordination agency's Designated Trainers and supervisors to use in conjunction with the Support Coordination Training Handbook and Bayou Health related appendices.



What is Bayou Health?

- Managed care system for physical health and basic behavioral health
- Covers 950,000 Louisianans
- Five managed care organizations (MCOs) working statewide:
 - Aetna
 - Amerigroup
 - Amerihealth Caritas
 - Louisiana Healthcare Connections
 - United Healthcare Community Plan



Chisholm Class Members in Bayou Health

- Voluntary Opt-In population (Physical Health)
 - May enroll in Bayou Health for their physical health at any time.
 - May disenroll from Bayou Health for their physical health at anytime effective the earliest possible month that the action can be administratively taken.
 - Members who have previously disenrolled from Bayou Health may reenroll in Bayou Health only during the annual open enrollment period effective the earliest month that the action can be administratively taken.
 - Members have until the 2nd to last business day of the month to enroll/disenroll with Bayou Health for the effective date to be the first of following month.



Chisholm Class Members in Bayou Health

- Behavioral Health
 - Effective 12/1/2015 enrollment of all Medicaid members in a Bayou Health Plan for their behavioral health services and for transportation services became mandatory.
 - Chisholm Class Members cannot opt out of Bayou Health for their behavioral health services.
- NEMT
 - All non-emergency medical transportation will be provided by the Bayou Health Plans.



Examples

Enrollment:

- CCM calls Bayou Health to enroll on April 8th, the effective date of enrollment for the health plan of choice will be May 1st.
- CCM calls Bayou health to disenroll on April 8th, the effective date of enrollment back into Legacy Medicaid will be May 1st.

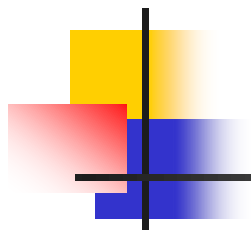
Cut Off:

- CCM calls Bayou Health on April 30th to enroll in Bayou Health, the effective date of enrollment will be June 1st.
- CCM calls Bayou Health on April 29th to enroll, their effective date will be May 1st.



Switching Plans

- Chisholm Class Members (CCM) can call Bayou Health at 1-855-229-6848, TTY: 1-855-526-3346 or go online at www.BayouHealth.com to enroll or disenroll.
- CCMs have a 90 day choice period during which they can change MCOs for any reason.
- After 90 days, CCMs will be locked in to the MCO for 12 months from the effective date of enrollment or until the next annual open enrollment, unless they opt out of Bayou Health or show cause for disenrollment from the MCO.



Bayou Health Excluded Services



Services Excluded from Bayou Health

- Applied Behavioral Analysis
- Dental services with the exception of varnish provided in a primary care setting, surgical dental services, and emergency dental services
- ICF/DD Services
- Nursing Facility Services
- Individualized Education Plan (IEP) Services
- All Home and Community-Based Waiver Services
- Targeted Case Management Services
- Services provided through DHH's EarlySteps Program
- Personal Care Services for those ages 21 and over



Excluded Services

- Bayou Health members may obtain the excluded services under the Louisiana State Plan; however, Molina will pay for these services, not the Managed Care Organizations (MCO). The MCOs are responsible for informing members how to access excluded services and assisting in the coordination of these services.
- The Support Coordinator should reach out to the MCO Case Management for assistance with obtaining excluded services.



Value Added Benefits



Value Added Benefits

- MCOs offer value added benefits to their members which are currently non-covered services by the Louisiana Medicaid State Plan.
- A complete listing of each MCO's value added benefits can be found at www.BayouHealth.com by clicking on Comparing Health Plans and Extra Services.



Value Added Benefits (cont.)

- Examples of Value Added Benefits include:
 - Gift cards that can be used to purchase health related items.
 - Free Boy or Girl Scout annual membership
 - Free Cell Phones
 - Weight management programs



Bayou Health Support Coordination Role



Selecting a Plan

- Support Coordinators should assist CCMs with selecting a Bayou Health plan by providing information on all 5 plans.
- Support Coordinators should ensure that the CCMs providers are in network and that the medications that they are currently prescribed are covered by the health plan's formulary. (See BH Appendix B for links to plan websites.)
- Support Coordinators can use the Bayou Health Plans Comparison chart to assist the CCM with their selection.
- Chisholm Class Members (CCM) can call Bayou Health at 1-855-229-6848 to enroll or go online at www.BayouHealth.com.



What the CCM should expect after enrolling in Bayou Health

- Within 10 days of a member enrolling in Bayou Health, the MCO will send the member a Welcome Packet including their Member ID Card, Member Handbook and Welcome Letter highlighting the MCOs program features.
- Within 14 days of sending the Welcome Packet the MCO will call new members.
- Support Coordinators should familiarize themselves with the Member Handbooks for each MCO.



Member Handbooks Online

- Aetna:
<http://www.aetnabetterhealth.com/louisiana/assets/pdf/members/MemberHandbook-Eng-LA.pdf>
- AmeriHealth Caritas:
<http://www.amerihealthcaritasla.com/pdf/member/handbook/english.pdf>
- Amerigroup:
[https://www.myamerigroup.com/Documents/LALA CAID MHB ENG.pdf](https://www.myamerigroup.com/Documents/LALA_CAID_MHB_ENG.pdf)
- Louisiana Healthcare Connections:
<http://www.louisianahealthconnect.com/files/2011/11/Member-Handbook.pdf>
- United Healthcare Community Plan:
<http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/LA-UHCCommunityPlan-Member-Handbook.pdf>



Accessing Services

- Support Coordinators should utilize the Bayou Health Services Appendix A and B to contact the MCO to determine how the CCM can access specific services. This process may vary for each MCO.
- Support Coordinators are responsible for assisting the CCM with obtaining the documentation including prescriptions for requesting prior authorization of medically necessary services.
- Support Coordinators should also coordinate assistance with Bayou Health Case Management, Bayou Health Prior Authorization Liaison and the Medicaid PAL via phone, email, fax or referral form.



Locating Providers

- Support Coordinators should assist the CCM with locating a provider contracted with their Bayou Health Plan.
- Resources for locating providers include:
 - Online Provider Directory at www.BayouHealth.com
 - Call the Member Services Line at each Bayou Health Plan to locate a provider in their network.
 - Access MCOs' websites to identify contracted providers.



Member Services Numbers

- Aetna Better Health
 - 1-855-242-0802
- Amerigroup
 - 1-800-600-4441
- AmeriHealth Caritas
 - 1-888-756-0004
- Louisiana Healthcare Connections
 - 1-866-595-8133
- United Healthcare Community Plan
 - 1-866-675-1607

* Operate from 7:00am-7:00pm, Monday thru Friday.



What if a provider is not available?

- If you cannot find a provider from the Bayou Health website, or the provider directory, which is willing to submit a prior authorization request, call the MCO's member services line which operates from 7am-7pm, M-F , for assistance.
- Support Coordinators should fax the Referral to Bayou Health Case Management form to the MCO to request assistance with locating a provider.
- If the MCO is unable to locate a willing provider within 10 days, the Support Coordinator should submit a referral to the DHH Medicaid PAL.



Continuation of Services

- Support Coordinators are responsible for informing the CCM of the MCOs contractual obligation to ensure Transition of Care when enrolling in or switching Bayou Health Plans.
- MCOs Transition of Care Responsibilities
 - MCOs do not require service authorization for the continuation of medically necessary covered services of a new member transitioning into the MCO, regardless of whether such services are provided by an in-network or out-of-network provider. However, the MCO may require prior authorization of services beyond 30 calendar days.
 - The MCO will honor any active prior authorization up to 30 days or until the transition of care is complete whether or not the authorization is with a in-network or out-of-network provider.



Switching providers

- Support Coordinators are responsible for assisting CCMs with switching service providers.
- Support Coordinators should send a Referral to Bayou Health Case Management form to inform the MCO of the member's desire to change providers.
- Members have the right to change providers at any time; however, approved authorizations are not transferred between agencies. If a member elects to change providers within an authorization period, the current agency must notify the Bayou Health Plan of the member's discharge, and the new agency must obtain their own authorization through the usual authorization process.
- SCs should contact the MCO PAL if the provider fails to provide a discharge notice.



Communication

- Support Coordinators should send referral to Bayou Health Case Management once a CCM selects a provider.
- Support Coordinators should maintain communication with Bayou Health Case Management through submission of the PA and the final determination.
- If the service authorization is denied, the support coordinator should assist the CCM with obtaining the required documentation and ensuring that the documents are submitted to the MCO.
- Support Coordinators should assist the CCM throughout the appeal process, if they choose to appeal.
- Support Coordinators should send referrals to Bayou Health Case Management to inform them of expiring service authorizations.

*See Bayou Health Appendix T-1, T-2, T-3 for timelines.



Communication cont'd...

- Support Coordinators should send a referral to Bayou Health Case Management (Bayou Health Appendix Q) if:
 - a referral for a service is needed.
 - a provider cannot be located to submit a request for prior authorization for services.
 - a CCM selects a new provider.
 - a CCM wants to choose a new provider.
 - a CCM is requesting a change in schedule.
 - a prior authorization is about to expire or expired.
 - a provider is not providing the amount of services as per the CPOC and as prior authorized.
 - The participant has been advised of their right to choose another provider and the SC is beginning the process again.
 - The participant has been advised of their right to choose another provider but has decided to stay with the same provider and wait until the PA packet is submitted.



Communication cont'd

- Support Coordinators should send referrals to the Medicaid Prior Authorization Liaison (Bayou Health Appendix S, S-1, S-2) if:
 - The SC has not received an approval within 60 days from the Choice of Provider date and the MCO was unable to resolve the issue within 10 days of the Referral to Bayou Health Case Management.
 - A provider is not providing the amount of services as per the CPOC or as prior authorized, or a provider is not providing services at the times the participant requested and the MCO was unable to resolve the issue within 10 days of the Referral to Bayou Health Case Management.
 - The SC has been unable to find a provider that is willing to submit a request for a PA and the MCO was unable to resolve the issue within 10 days of the Referral to Bayou Health Case Management.



Communication cont'd...

- Support Coordinators should send referrals to the Medicaid Prior Authorization Liaison (Bayou Health Appendix S, S-1, S-2) if:
 - The participant has been advised of their right to choose another provider and the SC is beginning the process again.
 - The participant has been advised of their right to choose another provider but has decided to stay with the same provider and wait until the PA packet is submitted.
 - The SC has not received a notice of approval for the renewal approval and the previous PA expired.

*See Bayou Health Appendix T-2, and T-3 for timeline information.



“HEALTHY LOUISIANA”



Louisiana is changing the name of its Medicaid and LaCHIP programs from Bayou Health to **“Healthy Louisiana”**. Along with this name change a new webpage was created. The link to the new site is listed below:

www.health.la.gov



Questions and Answers

- All questions regarding Bayou Health PAL procedures should be filtered through Kim Salling at SRI (225-767-0501 or ksalling@statres.com) to forward to DHH.
- Issues with the communication process should be shared with DHH as well.
- MCO staff members are here today to answer some of your questions.



BAYOU HEALTH APPENDICES

- MCO Contacts for Support Coordinators (Bayou Health A)
- Bayou Health Services - Links and Phone Numbers (Bayou Health B)
- Change in PCS provider during PA period (Bayou Health C)
- Bayou Health PCS and EHH PA Time frames (Bayou Health D)
- MCO PAL Flowchart (Bayou Health E)
- Bayou Health Appeals Timelines and Documentation (Bayou Health F)
- Bayou Health Plans Comparison Chart (Bayou Health G)
- Referral to Bayou Health Case Management (Bayou Health Q)
- Bayou Health Referral to PAL (Bayou Health S)
- Bayou Health EPSDT Timelines & Documentation - Participant (BH T-1)
- Bayou Health EPSDT Timelines & Documentation – Provider (BH T-2)
- Bayou Health EPSDT Timelines and Documentation – PAL (BH T-3)